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PENRITH RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and

**PUBLIC HEALTH INSPECTOR
AND SURVEYOR**

FOR THE YEAR

1958





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MANSION HOUSE,
PENRITH,
July, 1959.

*To the Chairman and Members of the
Penrith Rural District Council.*

Mr. Chairman, Mrs. Shepherd and Gentlemen,

I beg to submit my Annual Report on the health of the Community for the year 1958.

The population, as estimated by the Registrar General, was 11,480 being 20 less than in 1957. This figure has varied very little over the past eight years.

The corrected Birth rate of 17.7 per 1,000 of the population was in marked contrast to the low rate of 15.6 recorded last year and compares favourably with the England and Wales rate of 16.4.

The corrected Death rate at 11.5 per 1,000 of population was a little below the 1957 figure of 11.8 and compares with a general rate of 11.7.

The Infantile Mortality rate of 25.4 per 1,000 live births showed a slight increase over the 22.9 figure recorded in 1957. The England and Wales rate in 1958 was 22.5.

Notifications of infectious diseases totalled 18, this being the lowest number ever recorded in any one year. This was in sharp contrast to the 394 cases notified in 1957.

I am glad to report that at long last some progress has been made with regard to High and Low Hesket sewerage and water schemes. Ministerial consent was given, the Contract let and work commenced before the end of the year. It is hoped that both schemes will be completed by the end of 1959.

Further details of water and sewerage plans for other areas are given by Mr. Sedgwick, the Surveyor, in his report as also are details of Housing matters by Mr. Burne, the Council's Architect and Housing Officer.

I would again record my thanks to all members of the Council for the kindness and encouragement shown to me at all times.

Finally I would thank all members of the Council Staff, both in the Health and other Departments, for their help and willing co-operation during the year.

I am, Mrs. Shepherd and Gentlemen,

Your obedient servant,

K. J. THOMSON,

Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area of District (in acres)	181,531
Number of Inhabited Houses	3,634
Rateable Value	£92,843
Sum represented by a Penny Rate	£368 4s. 3d.
Registrar General's estimate of the population ..	11,480

Population.

The Registrar General's estimate of the population at mid year 1958 was 11,480, being a fall of 20 over the previous year. From the appropriate table it will be noted that, apart from the 1949 figure of 11,610, the Rural population has been in the region of 11,500 for the past 12 years.

Dairy farming and Agriculture continue to be the main industries of the district with Lime Works, Paper Mills, and Quarries as additional sources of employment. There is also an extending Caravan building factory in the area.

There was practically no unemployment in the district^t during the year.

VITAL STATISTICS.

Births	Males.	Females	Total	
(a) Live Births:—				
Legitimate	96	98	194	
Illegitimate	3	—	3	
	—	—	—	
	99	98	197	
	—	—	—	
Birth Rate per 1,000 of population ..				17.2
Birth Rate corrected by comparability factor	..	..	..	17.7
(b) Still Births:—				
Legitimate	2	1	3	
Illegitimate	—	—	—	
			—	
			3	
			—	
Rate per 1,000 total births (live and still)				15.0

Deaths	Males	Females	Total	
Deaths, all ages ..	78	54	132	
Death Rate per 1,000 of population	..	..	..	11.5
Death Rate corrected by comparability factor	..	..	..	11.5
Deaths from Puerperal Causes..	..	..	..	Nil
Maternal Mortality Rate	..	..	..	Nil
Death Rate of Infants under one year:—				
All Infants per 1,000 live births	..	..	..	25.4
There were no deaths of Illegitimate Infants.				
Deaths from:—				
Cancer	..	..	..	21
Measles	..	..	..	Nil
Whooping Cough	..	..	..	Nil
Diarrhoea (under two years of age)	..	..	..	Nil

Table showing the Vital Statistics for England and Wales and certain groups in the County of Cumberland for 1958:—

	Birth Rate	Crude Death Rate	Infantile Mortality Rate
England and Wales	16.4	11.7	22.5
Administrative County of Cumberland ..	17.6	12.1	28.2
Urban Districts of Cumberland (including Boroughs of Workington and Whitehaven)	18.0	12.6	35.1
Rural Districts of Cumberland	17.3	11.8	23.2
Rural District of Penrith (crude rate)	17.2	11.5	25.4
Corrected by Comparability factor ..	17.7	11.5	25.4

NOTE.—The corrected rates should be used for comparison with other areas.

Infantile Mortality.

There were five deaths of Infants under one year of age, giving an Infantile Mortality rate of 25.4 per 1,000 live births compared with 22.9 for 1957. Two of the deaths related to very premature twins and it will be noted from the details given that all five died from Prematurity and all were born in Hospital.

The details of Infant deaths are as follows:—

1. Girl born in Hospital and died there the same day, cause of death being Prematurity.
2. Girl born in Hospital and died there 3 days later of Prematurity.
3. Girl born in Hospital after 24 weeks gestation and died aged 2 days.
- 4 and 5. Twins, boy and girl, born in Hospital after 29 weeks gestation and who died within 2 hours of birth of Prematurity.

The mothers of above babies all had adequate ante-natal care and were in fact admitted to Hospital for the births.

PENRITH RURAL DISTRICT RATES, 1947-1958.

Year	Population	Death Rate	Birth Rate	Total Infantile Deaths	Infantile Mortality Rate	England & Wales Infantile Mortality Rate
1947	11,580	12.3	20.2	6	25.6	41.4
1948	11,550	11.0	17.8	9	43.7	34.0
1949	11,610	11.3	17.4	5	19.8	32.0
1950	11,450	10.0	16.6	2	11.3	29.8
1951	11,500	12.4	16.9	5	27.5	29.6
1952	11,510	10.3	19.3	8	36.0	27.6
1953	11,450	10.1	16.4	6	31.9	26.8
1954	11,490	10.8	15.5	3	17.4	25.5
1955	11,500	12.3	16.2	4	22.3	24.9
1956	11,480	10.5	17.5	6	30.7	23.8
1957	11,500	11.8	15.6	4	22.9	23.0
1958	11,480	11.5	17.7	5	25.4	22.5

Maternal Mortality.

It is again pleasing to report that no Puerperal or Maternal death was recorded in 1958, this being the fifteenth successive year without such a death. I think this reflects a high degree of Ante Natal care and Obstetric skill on the part of the General Practitioners and Midwives in the area.

Cancer Mortality.

According to the Registrar General's returns there were 21 Cancer deaths in 1958 compared with 14 in 1957 and 16 in 1956. This gives a rate of 1.8 per 1,000 of the population and equals 15.9% of all deaths. These figures show a distinct

increase as compared with the rates of 1.2 per 1,000 and 10.3% recorded in 1957 and are just a little below the National figures of 2.1 per 1,000 which rate represents 17% of all deaths in the Country. Cancer deaths generally have been increasing more especially over the past 20 years.

The average age at death for both males and females was 70 years. This is a little higher average age than usual.

Location of Disease				Males	Females
Tongue	..	..	..	1	—
Stomach	..	..	..	2	2
Bowel	..	..	..	4	—
Lungs and Bronchus			..	4	—
Prostate	..	..	..	2	—
Breast	..	..	..	—	3
Uterus	..	..	..	—	1
Other Sites	..	..	..	1	1
Total				14	7

It will be noted that there were 4 deaths (all males) from Cancer of the Lung and Bronchus which is double the figure for 1957 and 1956. In the country generally there is no doubt that lung cancer deaths have shown an ever mounting toll over the past 25 years.

In 1931 there were 2,286 such deaths rising to nearly 5,000 in 1941 and to over 13,000 by 1951. Since then lung cancer deaths have increased at the alarming rate of nearly 1,000 per annum and by 1957 had reached the figure of over 19,000 deaths.

The Medical Research Council carried out extensive investigations into the possible causes of this marked increase in lung cancer deaths and, after reviewing all scientific evidence, they decided that a large proportion of the increase was due to tobacco smoking especially heavy cigarette smoking. "The increase was accepted as real and not to be wholly accounted for by an ageing population and improved methods of diagnosis. The important conclusion reached by the Council was that the most reasonable explanation of the very great increase was that a major part of it was caused by tobacco smoking particularly in the form of cigarettes".

The above paragraph is an extract from the report for 1957 by the Chief Medical Officer for England and Wales, published by the Ministry of Health.

Accepting these findings therefore, it would seem that cancer of the lung is partly a preventable disease and every effort should be made by all concerned to explain to young people the dangers of smoking. It is a more difficult proposition to persuade the adult smoker to give up this habit but we can at least concentrate on the young person.

It is interesting to report that of the four males who died of lung cancer in 1958, three were heavy cigarette smokers and the fourth a very heavy pipe smoker.

Deaths from All Causes.

The total deaths recorded in 1958 was 132, being four less than in 1957, giving a crude death rate of 11.5 per 1,000 of the population. As the comparability factor for correction of death rate remained at 1, the corrected death rate is the same as the crude rate. The rate of 11.5 is a little below the 1957 figure of 11.8 and compares favourably with the England and Wales figure of 11.7 for 1958.

Diseases of the Heart and Circulatory System accounted for the greatest number of deaths, namely 53, equal to 40% of all deaths. In 1957 such deaths accounted for over 48% of total deaths but this figure was much higher than the usual for the area.

Vascular Lesions of the Nervous System, *i.e.*, Cerebral Haemorrhage and Thrombosis accounted for 23 deaths or 17% of all deaths. This figure is a little higher than in previous years but even so is below the National rate.

Deaths from Cancer as already indicated, totalled 21 representing nearly 16% of total deaths and equal to a rate of 1.8 per 1,000 of the population compared with the National rate of over 2 per 1,000. In 1958 therefore, there was a distinct rise in the number of cancer deaths in the Rural Area.

Diseases of the Respiratory System, excluding Tuberculosis, accounted for 5 deaths the same as in 1957 and equal to 3.8% of all deaths. Such deaths have always been well below the National average in the Rural Area.

Motor Vehicle Accidents, I regret to say, increased from 1 in 1957 to 6 in 1958, equivalent to 4.5% of all deaths. The increase in such deaths is in keeping with the rest of the Country.

Two of the deaths were due to crushing injuries sustained through the overturning of agricultural tractors. Deaths from this type of accident are frequently reported in the Press, and in fact, deaths from this cause must be considered an

occupational hazard peculiar to agriculture.

It seems to me that tractor manufacturers should bear this risk in mind and produce a machine which is less likely to overturn.

All other Accident deaths totalled 6 compared with 2 in 1957 and 1 in 1956.

Three of the deaths occurred in old people aged 79, 81 and 83 years respectively, following on an accidental fall in their own homes.

Causes of Death as given by the Registrar General, 1958.

					Males	Females	Total
1.	Tuberculosis (Respiratory)	..	..	..	1	—	1
2.	Tuberculosis (Other)	..	..	..	—	—	—
3.	Syphilitic Disease	..	..	..	—	—	—
4.	Diphtheria	..	..	..	—	—	—
5.	Whooping Cough	..	..	..	—	—	—
6.	Meningococcal Infections	..	..	..	—	—	—
7.	Acute Poliomyelitis	..	..	..	—	—	—
8.	Measles	..	..	..	—	—	—
9.	Other Infective and Parasitic Diseases	..	..	..	1	—	1
10.	Malignant Neoplasm—Stomach	..	..	..	2	2	4
11.	Malignant Neoplasm—Lung, Bronchus	..	..	..	4	—	4
12.	Malignant Neoplasm—Breast	..	..	..	—	2	2
13.	Malignant Neoplasm—Uterus	..	..	..	—	1	1
14.	Other Malignant and Lymphatic Neoplasms	..	..	..	8	2	10
15.	Leukaemia, Aleukaemia	..	..	..	—	—	—
16.	Diabetes	..	..	..	—	—	—
17.	Vascular Lesions of Nervous System	..	..	..	13	10	23
18.	Coronary Disease—Angina	..	..	..	18	9	27
19.	Hypertension with Heart Disease	..	..	..	1	1	2
20.	Other Heart Diseases	..	..	..	9	10	19
21.	Other Circulatory Diseases	..	..	..	2	3	5
22.	Influenza	..	..	..	—	—	—
23.	Pneumonia	..	..	..	2	1	3
24.	Bronchitis	..	..	..	1	—	1
25.	Other Diseases of Respiratory System	..	..	..	1	—	1
26.	Ulcer of Stomach and Duodenum	..	..	..	—	—	—
27.	Gastritis, Enteritis and Diarrhoea	..	..	..	1	1	2
28.	Nephritis and Nephrosis	..	..	..	—	—	—
29.	Hyperplasia of Prostate	..	..	..	2	—	2
30.	Pregnancy, Childbirth and Abortion	..	..	..	—	—	—
31.	Congenital Malformations	..	..	..	—	1	1
32.	Other Defined and Ill-defined Diseases	..	..	..	4	6	10
33.	Motor Vehicle Accidents	..	..	..	6	—	6
34.	All Other Accidents	..	..	..	2	4	6
35.	Suicide	..	..	..	—	1	1
36.	Homicide and Operations of War	..	..	..	—	—	—
	All Causes	..	..	..	78	54	132

Age Group at Death of All Cases, 1958.

Age Group	Under 1 year	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 and over	Total
Males	1	-	-	-	-	-	1	-	1	1	2	3	5	5	7	15	13	24	78
Females	4	-	-	-	-	-	-	-	-	1	1	4	2	5	6	7	6	18	54
Total	5	-	-	-	-	-	1	-	1	2	3	7	7	10	13	22	19	42	132

NOTE:—73% of total deaths occurred in age groups of 65 years and over.

46% of total deaths occurred in age groups of 75 years and over.

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA.

(i) Public Health Department Staff.

K. J. Thomson, M.B., Ch.B., D.P.H., L.M., Part time Medical Officer of Health.

J. A. Sedgwick, A.R.San.I., M.S.I.A., Surveyor and Chief Public Health Officer.

E. A. Burne, M.Inst.R.A., Architect and Housing Officer.

D. Wood, Assistant in Housing Department.

H. Baildon, General Assistant in Health Department.

D. W. Hammersley, General Assistant in Health Department.

Miss I. Coulston, Clerk in Public Health Department.

(ii) Laboratory Facilities.

All necessary facilities continue to be provided by the Public Health Laboratory Service at the Cumberland Infirmary.

Dr. J. S. Faulds is the Consultant Pathologist, while Dr. D. G. Davies is in charge of all Bacteriological work.

I would again record my grateful thanks to these gentlemen and their staff for the excellent co-operation and help so willingly given during the year.

(iii) Ambulance Facilities.

The County Council, as the Local Health Authority, provides and administers all Ambulance Services.

Two Ambulances are based on Penrith and one at Keswick which serves the Threlkeld area. In addition "Sitting Case" cars are available throughout the district.

(iv) Nursing in the Home.

The County Council provides all the necessary services including District Nurses, Midwives, Health Visitors and Home Helps. There were 26 Home Helps on the Register covering both Urban and Rural districts, but only 9 of these were for the Rural area, an increase of 3 over 1957.

Notification of Infectious Diseases—1958 in Age Groups.

Diseases	-1	1-	2-	3-	4-	5-	10-	15-	20-	Ages						T	AH	D
										25-	35-	45-	55-	65-				
Scarlet Fever ..	-	-	-	-	-	2	-	-	-	-	-	-	-	-		2	-	-
Whooping Cough ..	-	-	-	-	-	1	-	-	-	-	-	-	-	-		1	-	-
Primary or Influenzal Pneumonia	1	-	-	-	-	-	-	-	-	1	1	3	3	3		12	1	1
Erysipelas ..	-	-	-	-	-	-	-	-	-	1	-	1	-	-		2	-	-
Meningococcal Meningitis ..	-	-	-	1	-	-	-	-	-	-	-	-	-	-		1	1	-
TOTALS ..	1	-	-	1	-	3	-	-	-	2	1	4	3	3		18	2	1

Key:—
T — Total
AH — Admitted to Hospital
D — Deaths

Notification of Infectious Diseases—1943 to 1958.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Scarlet Fever	24	26	15	5	3	23	18	17	16	21	17	10	6	—	3	2
Diphtheria	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery Sonne	2	11	3	8	—	—	1	40	5	—	—	—	18	19	1	—
Pueperal Pyrexia	4	2	—	1	1	—	1	—	1	3	1	—	1	1	—	—
Primary or Influenzal Pneumonia	11	16	6	3	5	10	21	16	12	9	17	8	7	25	23	12
Erysipelas	3	4	5	2	1	1	1	2	3	1	1	1	—	3	—	2
Meningococcal Meningitis	—	—	—	—	1	—	—	—	1	3	—	—	1	—	—	1
Measles	115	14	233	4	126	111	50	85	184	18	207	137	161	1	286	—
Whooping Cough.. ..	23	5	34	50	22	33	77	87	96	52	10	27	40	14	27	1
Ophthalmia Neonatorum	—	—	3	—	1	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	1	1	5	2	4	—	1	1	2	—	—	—	8	—
Encephalitis	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	8	1	—
TOTALS	184	82	300	74	165	180	173	247	319	108	256	183	234	71	349	18

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

Notifications of Infectious Diseases reached a record low level in 1958, only 18 cases being notified. This was in marked contrast to the record high figure of 349 recorded in 1957. I have included an additional table in this report, giving notifications for the period 1943-1958 where it will be noticed that the main cause in fluctuation of total notifications is due to the varying incidence of measles.

There was one death only from a notifiable disease, namely Pneumonia, compared with two deaths in 1957.

Measles.

Not one notification was received during 1958 in respect of this disease. In view of the record high figure of 286 cases notified in 1957 it was anticipated that few cases of measles would occur, but nevertheless it was surprising that not a single case was notified. I think the explanation lies in the fact that measles can be such a mild disease and the Doctor is not called in. Usually outbreaks of measles occur every second or third year, and this trend is noticeable in the appropriate table.

Whooping Cough.

In sharp contrast to the 27 cases notified in 1957, only one child was notified as suffering from this disease. This may be rather misleading as an indication of the incidence of Whooping Cough as undoubtedly mild cases do occur where the General Practitioner is not called in. I do think, however, that Whooping Cough cases are tending to diminish, as there has been an increasing use of Whooping Cough vaccination in the past few years, both by the private doctor and the County Welfare Clinics, *e.g.* in 1958, 149 infants and young children were vaccinated.

Scarlet Fever.

Two cases were notified compared with three in 1957. Both occurred in children just over 5 years of age and were of the usual mild type we now see. They were treated at home and recovered without any complications.

Primary or Influenzal Pneumonia.

Twelve cases were notified, five being over 60 years of age.

One was admitted to Hospital and there was one death, this being the only death from a notifiable disease. Twenty three cases were notified in 1957 when fifteen were due to Influenzal Pneumonia but it will be recollected that we experienced an influenzal epidemic in 1957.

Erysipelas.

Two cases were notified—a male of 52 years and a female 27 years of age. Both were treated at home.

Meningococcal Meningitis.

One case, a boy of 3½ years, was notified and admitted to Hospital. He responded well to treatment and was discharged home within three weeks of admission.

Diphtheria.

For the fourteenth successive year no case of Diphtheria occurred in the area and it is now thirteen years since a death was recorded from this disease.

It is, however, disquieting to record that for the first time since 1940, there has not been a continued fall in the incidence of the disease in the Country as a whole. From the accompanying table it will be noted that in England and Wales in 1958, 79 cases of verified Diphtheria occurred whereas the figures in 1956 and 1957 were 51 and 37 respectively. This increase has undoubtedly been due to the fact that fewer children have been protected by immunisation during the past two years.

Owing to the concentration by most Local Authorities on Poliomyelitis vaccination there was a decrease in the total number of Diphtheria immunisations carried out in the Country during 1958 and 1957. It is important nevertheless that the work of immunisation commenced in 1940 should be maintained at as high a rate as possible.

During 1958 the following number of children were immunised in the Penrith Rural Area:—

Primary Immunisations		198
Reinforcement or Booster Injections		469

These figures are well above the rates for the past two years and certainly higher proportionately than for the rest of the Country.

DIPHTHERIA NOTIFICATIONS AND DEATHS, 1944-1958.

Year	ENGLAND & WALES		PENRITH RURAL DISTRICT	
	Notifications	Deaths	Notifications	Deaths
1944	23,199	934	4	—
1945	18,596	722	—	—
1946	11,986	472	—	—
1947	5,609	244	—	—
1948	3,575	156	—	—
1949	1,890	84	—	—
1950	962	49	—	—
1951	664	33	—	—
1952	376	32	—	—
1953	266	23	—	—
1954	173	9	—	—
1955	155	13	—	—
1956	51	8	—	—
1957	37	6	—	—
1958 (Provisional)	79	8	—	—

Acute Poliomyelitis and Vaccination.

No case occurred in 1958 which was gratifying in view of the eight cases notified in 1957.

Considerable progress was made during the year in the carrying out of the vaccination programme initiated in 1956 by the Ministry of Health.

The response in the age group 6 months to 15 years has been very good and I think Cumberland has one of the highest figures in the whole Country for Polio Vaccination in this age group.

Towards the end of the year, vaccination was offered to the young adult between 15 to 25 years of age but it will be noted from the appropriate table that the response to this offer was most disappointing. At the time of writing this report, however, there has been a little improvement in the position.

Poliomyelitis Vaccination.

THE POSITION AS AT 31/12/58 AND INCLUDING THOSE REGISTERED AND VACCINATED IN 1956 AND 1957.

Year of Birth	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942 to 1933	E.M. Amb.	G.P. Staff	Hosp. Total	
Awaiting ..	11	29	-	4	6	4	5	-	3	2	3	-	10	5	8	12	22	9	-	-	133
Had 1 Injection ..	11	5	2	2	1	1	-	-	-	-	-	1	1	1	1	1	20	3	-	-	50
Had 2 Injections ..	13	110	171	145	115	123	147	110	114	109	113	119	119	113	134	82	169	26	-	1	2033
Had 3 Injections ..	-	-	4	5	32	39	34	32	47	49	40	42	-	-	-	-	-	-	-	-	324
Total Registration	35	144	177	156	154	167	186	142	164	160	156	162	130	119	143	95	211	38	-	1	2540

Smallpox.

No case of Smallpox or known contact occurred in the district.

The following table gives particulars of Smallpox vaccinations carried out during 1958:—

Age at Vaccination	-1	1	2-4	5-14	Over 15	Total
Primary	119	1	1	—	1	122
Re-vaccination ..	—	—	—	2	10	12

These figures are a little better than for the previous two years but are still below what they should be.

TUBERCULOSIS.

The following table gives particulars of new cases added to the Register during 1958:—

AGE.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
1—4 years ..	—	—	—	—	—	—	—	—
5—14 years ..	—	—	—	—	—	—	—	—
15—24 years ..	—	—	1	—	—	—	—	—
25—34 years ..	—	1	—	—	—	—	—	—
35—44 years ..	1	—	—	—	—	—	—	—
45—54 years ..	1	—	—	—	—	1	—	—
55—64 years ..	1	—	—	—	—	—	—	—
65 and upwards	—	—	—	—	1	—	—	—
TOTALS ..	3	1	1	—	1	1	—	—

Of the five cases added to the Register two related to inward transfer cases, *i.e.* cases previously notified elsewhere but who had moved into the area during the year. In all, fifteen cases were removed from the Register for the following reasons:—

Died	2
Left District	11
Recovered	2

According to the Registrar General's returns there was one male death from Pulmonary Tuberculosis but from my own records there was also a female pulmonary death. On the basis of two deaths therefore the death rate from Tuberculosis (all forms) works out at 0.17 per 1,000 of population

which is a little higher than the England and Wales rate. In 1957 there was no recorded death from Tuberculosis.

The following table gives the number of cases on the Register at December, 1958:—

	Males	Females	Total
Pulmonary	26	21	47
Non-Pulmonary	5	8	13
	—	—	—
	31	29	60
	—	—	—

Prevention of Tuberculosis.

(a) MASS RADIOGRAPHY UNIT.

The Miniature Radiography Unit under the direction of Dr. W. H. Morton, Consultant Chest Physician, paid its annual visits to Lazonby and Langwathby in January, 1958.

It is disappointing to report that only 135 of the general public attended these open sessions compared with over 300 the previous year. No new cases were discovered but 5 inactive and 10 other chest conditions were brought to light and investigated.

In addition to above visits, open sessions were held in Penrith when 2,218 of the public attended and of this number many resided in the Rural Area. Three active and 16 inactive cases were found together with 94 persons suffering from other chest conditions.

There has been some concern recently regarding radiation hazards arising from too frequent X-rays of the individual, but it is comforting to report that the Adrian Committee appointed in 1956 to report on this very subject stated:—“Mass Miniature Radiography, properly conducted, makes a negligible contribution to the total radiation to which the population is daily exposed and its general use should not therefore be curtailed”.

I would therefore again stress the importance for all adults—young and old—to avail themselves of this free X-ray service and have a Chest X-ray taken every year.

(b) B.C.G. VACCINATION.

The B.C.G. Vaccination of the 13-14 year old age group of school children was continued during the year, and the following two tables indicate the work done in this respect:—

**Scheme of B.C.G. Vaccination for 13/14 Year Age Group (1944). Mass Miniature Radiography.
Penrith Rural Area, up to and including December 31st, 1958.**

School	Total number of children in 1944 age group as shown on Nominal Roll	Total number of children in 1944 age group who had M.M.R. Report	Total number of consents given for B.C.G. Vaccination	Total number of children in 1944 age group with satisfactory M.M.R. Report	Total number of children in 1944 age group with unsatisfactory M.M.R. Report and recalled for Large Film.	Satisfactory	Unsatisfactory
Penrith Rural District							
Hutton Roof ..	3	-	-	-	-	-	-
Matterdale ..	2	-	2	-	-	-	-
Mungrisdale ..	-	-	-	-	-	-	-
Greystoke ..	5	-	5	-	-	-	-
Newbiggin ..	5	-	5	-	-	-	-
Penruddock ..	6	6	6	6	-	-	-
Stainton ..	2	-	2	-	-	-	-
Hutton Marr ..	1	-	1	-	-	-	-
Lazonby ..	35	-	24	-	-	-	-
Langwathby ..	2	-	-	-	-	-	-
Culgaith ..	7	-	6	-	-	-	-
Calthwaite ..	2	-	2	-	-	-	-
High Hesketh ..	8	8	8	-	-	-	-
Ivegill ..	3	3	2	3	-	-	-
Total ..	81	17 (21%)	63 (77.8%)	17 (21%)	-	-	-
Brackenburgh							
Towers School	10	-	6 (60%)	-	-	-	-

Return of Mantoux Testing and B.C.G. Vaccination for Children in 13/14 Year Age Group
(1944) in Penrith Area, up to and including 31st December, 1958.

School	Number of children Mantoux tested	Number absent after first Mantoux test	Number found to be Mantoux Positive	Number found to be Mantoux Negative	Number given B.C.G. Vaccination
Penrith Rural District					
Hutton Roof ..	—	—	—	—	—
Matterdale ..	2	—	—	2	2
Greystoke ..	5	—	—	5	5
Newbiggin ..	4	—	1	3	3
Penruddock ..	6	—	1	5	5
Stainton ..	2	—	1	1	1
Hutton Marr ..	1	—	1	—	—
Lazonby ..	24	—	4	20	20
Langwathby ..	—	—	—	—	—
Culgaith ..	5	—	1	4	4
Mungrisdale ..	—	—	—	—	—
Calthwaite ..	1	—	1	—	—
High Hesketh ..	8	—	2	6	6
Ivegill ..	2	—	2	—	—
Total ..	60	—	14 (23.3%)	46 (76.7%)	46 (76.7%)
Brackenburgh Towers					
School ..	6	—	2 (33.5%)	4 (66.5%)	4 (66.5%)

NATIONAL ASSISTANCE ACT, 1948.

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951.

No action was necessary under Section 47 of above Act, but several elderly people were visited during the year and kept under supervision.

SANITARY CIRCUMSTANCES OF THE AREA.

I am obliged to Mr. J. A. Sedgwick, Surveyor and Public Health Inspector, for the following report:—

Sir,

I have pleasure in presenting my Annual Report for 1958 as follows:—

Water Supplies.

In the last Annual Report full details were given of all of the Council's eighteen sources of supply. It will therefore only be necessary this year to mention briefly the three major sources of supply as under:—

1. AIRA BECK SUPPLY.

Nearly half of the area is fed from water obtained from this source which is a stream intake on Aira Beck, above Dowthwaite Head, at an altitude of 1,500 feet above Ordnance Datum. Purification Works are situated at Crookwath. The treatment plant consists of four Paterson type pressure filters, each capable of dealing with up to 125,000 gallons per day. In addition to pressure filtration the raw water is chlorinated here before being distributed into supply from reservoirs at Berrier (50,000 gallons), High Larches (50,000 gallons), Hewer Hill (500,000 gallons) and Brownrigg (90,000 gallons). The average daily consumption from this source is 320,000 gallons per day. This is the only supply that receives treatment.

2. BULLFELL SUPPLY.

Here water is obtained from a number of springs high on the fells above Mungrisdale, and carried to a simple screening chamber at an altitude of 1,200 feet above Ordnance Datum. This water is of exceptional purity with a normal yield of approximately 210,000 gallons per day. These springs fluctuate rapidly according to weather conditions, and a minimum dry weather flow of 97,500 gallons per day has been recorded. The average daily demand from this source is

180,000 gallons. This supply is closely linked with the Aira Beck supply, which makes up the deficiency in yield during dry weather. Reservoirs supplied from this source are Berrier, High Larches and Hewer Hill.

3. CLINT (Hesket) SUPPLY.

This supply consists of water obtained from a number of springs above Scalehouses, Renwick, at an altitude of 1,144 feet above Ordnance Datum, and delivered into Ruckcroft Reservoir near Ainstable, of a capacity of 50,000 gallons. Clint Springs are seriously affected by weather conditions, and even though the 3 in. main into Ruckcroft Reservoir is only capable of delivering 60,000 gallons per day, the yield at the Springs regularly falls well below this level, and results in severe shortages in the distribution area, particularly at High Hesket. In order to remedy this the Council have prepared a scheme for the taking of some 120,000 gallons per day from springs at The Dale, near Ainstable, and pumping this into the Ruckcroft Reservoir.

The scheme, which has the approval of the Ministry, will start in the very near future, and will be of the greatest benefit to the area, not only in the High Hesket area, but much further afield. At the time of writing this report the scheme is in fact well under way towards completion.

In addition, the Council also intend to enlarge the storage capacity at Ruckcroft by the addition of a new reservoir of 200,000 gallons capacity, and this work will commence when the spring augmentation has been completed.

The other fifteen sources of supply are mainly simple village supplies, incapable of augmentation or extension, but serving their own particular areas reasonably satisfactorily.

General.

It is estimated that the average daily demand for water in the area is 750,000 gallons per day, the majority of which is needed to meet the agricultural demands of this very large and intensive dairy farming area. The demand for water for milk cooling purposes creates its own peculiar distribution problem at the twice daily times of peak demand. Every effort is made to induce dairy farmers to provide refrigerated cooling plants where a supply of electricity is available. Not only does this reduce the water consumption but also results in a much more efficient and reliable standard of cooling.

In addition pressure is put on farmers to make arrangements, where possible, for water after being used for milk cooling purposes, to be used a second time for washing out byres, watering troughs, etc.

Practically every farm in the area has a water meter installed, and waste water detection is maintained at a very high level.

Samples of water are regularly taken from all of the sources of water supply in the area, and sent to The Cumberland Pathological Laboratory for bacteriological examination.

Water Consumption.

From the following detailed table it will be seen that the majority of houses in the area enjoy the benefits of a piped supply of water from the Council's mains. In practically all the other cases piped water is obtained of a reasonably good quality from private individual springs or from estate supplies. Out of a total number of 3,634 occupied houses, 3,337 have a supply from the Council.

Parish	Population	No of Inhabited Houses	No of Houses Supplied from Public Main.		Population Supplied.		Agricultural-Meters Fixed
			Direct	Standpipe	Direct	Standpipe	
Ainstable ..	477	158	137	2	422	5	26
Castle Sowerby	402	106	104	—	394	—	54
Catterlen ..	219	98	98	—	219	—	15
Culgaith ..	657	208	208	—	657	—	27
Dacre ..	975	315	309	—	945	—	58
Glassonby ..	314	97	86	—	290	—	24
Gt. Salkeld	360	118	114	—	340	—	18
Greystoke	502	166	164	—	490	—	23
Hesket ..	2103	623	599	—	2030	—	134
Hunsonby ..	360	133	132	—	357	—	23
Hutton ..	294	96	91	—	274	—	22
Kirkoswald	778	261	199	1	571	3	30
Langwathby	564	189	185	—	548	—	21
Lazonby ..	640	215	207	—	620	—	23
Matterdale	572	180	98	—	291	—	21
Mungrisdale	360	102	79	—	293	—	35
Ousby ..	344	116	108	—	323	—	18
Skelton ..	1007	274	269	—	987	—	93
Threlkeld ..	552	179	150	—	474	—	1
Total	11480	3634	3337	3	10525	8	666

Waste Water Detection.

Owing to the fact that the demand for water in this area is in many places only short of the maximum carrying capacity of the distribution mains, the slightest wastage has an immediate adverse effect on the maintenance of supplies, and, consequently, it is essential to maintain waste water detection at a very high level. Regular inspections and tests are made throughout the whole area, and particularly after period of frosty weather. Notwithstanding regular advertisements in the local press advising consumers to shut down supplies to troughs that are not in use, each thaw produces a considerable number of troughs in a defective condition, and it is imperative that such wastage be prevented without delay.

Sewerage.

I am pleased to report that at last the Council have made some real progress in connection with their proposed sewerage schemes, the contract for the High and Low Hesket Scheme having been let and the work should be completed before the end of 1959.

It is also hoped that the scheme for Skelton will be ready for tender in the very near future, and that rapid progress will be made with the preparation of schemes so that works can commence at Skirwith, Lazonby, Kirkoswald, Armathwaite, Motherby and Penruddock. So far as Skirwith is concerned, no sewer exists at all, and the village beck is polluted by the improper discharge of untreated sewage from the village. The other villages mentioned all have sewage works of a kind, but they are obsolete and grossly overloaded, resulting in most unsatisfactory effluents being discharged into neighbouring streams and ditches.

Refuse Collection.

There has been no change in the manner of refuse collection since last year. Briefly a fortnightly collection is made throughout most of the area, only those particularly isolated houses being excluded. All tips are regularly inspected and immediate steps taken to deal with rodent infestation.

Schools.

Visits of inspection are regularly made to all schools in the area, in connection with the maintenance of adequate sanitary accommodation and washing facilities.

Factories Act, 1937.

There are 61 factories registered in the area (fifty-three with power), all of which are periodically inspected to ensure that they comply with the Regulations.

FACTORIES ACT, 1937.

PART 1 OF THE ACT.

1. Inspections for Purposes of Provisions as to Health (including inspections made by Public Health Inspector).

Premises	Number on Register	Number of		
		Inspect- ions	Written Notices	Occupiers Prosecuted
(i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	8	8	—	—
(ii) Factories not included in (i) in which Section 7 is to be enforced by the Local Authority ..	53	60	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding Outworkers' Premises)	—	—	—	—
TOTALS ..	61	68	—	—

2. Cases in which Defects were Found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of Cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable Temperature (S.3)	—	—	—	—	—
Inadequate Ventilation (S.4)	—	—	—	—	—
Ineffective Drainage of Floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	2	2	—	1	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other Offences against the Act (not including Offences relating to Outwork) ..	—	—	—	—	—
TOTALS ..	2	2	—	1	—

Under Part 8 of the Act, Section 110 and 111 there was only one registered Out-worker who is engaged in making wearing apparel. There were no Notices served or any Prosecutions.

Food and Drugs Act, 1938.

Regular visits of inspection are made to all food premises in the area, and constant advice and instruction given to handlers of food so that a proper standard of hygiene can be maintained. I have found that all shop-keepers are most anxious to comply with the Regulations, and a high standard of cleanliness is maintained.

Travelling Shops operating in the area are also under regular supervision.

Amongst the various items of foodstuff condemned for human consumption were the following:—

2 tins Lamb Tongue	3 tins Corned Beef
3 tins Spam	2 tins Jellied Veal
12 tins various Fruits	15 tins various Soups
4 tins Chopped Ham	5 tins Evaporated Milk

Slaughterhouses.

There are five licensed Slaughterhouses in the Penrith Rural Area, all of which are operated by the local butcher, and no meat is slaughtered in this area on a large scale for consumption outside the area. The meat killed continues to be of the highest quality, and once again I have to report that no evidence of any tubercular infection has been discovered.

The number of animals passing through the slaughterhouses is slowly declining, due to the fact that more use is being made of the Penrith Abattoir, which relieves the butcher of the necessity of transporting cattle bought in the Penrith Auction to his own slaughterhouse and there killing it.

During the year the following animals passed through the various slaughterhouses and 272 visits of inspection were made:—

Particulars	Cattle except Cows	Cows	Sheep and Lambs	Pigs	Calves	Horses
Number killed	342	59	1463	470	1	Nil
All Diseases other than T.B.						
Whole carcasses condemned	—	—	7	2	1	Nil
Carcasses of which some part or organ was condemned	38	26	96	2	—	Nil
Percentage of the number killed affected with disease other than Tuberculosis..	11	44	~~75~~ 7	1	100	Nil
Tuberculosis						
Whole carcasses condemned	—	—	—	—	—	Nil
Carcasses of which some part or organ was affected ..	—	—	—	—	—	Nil
Percentage of the number killed affected with T.B.	—	—	—	—	—	Nil
Cysticercus bovis	—	—	—	—	—	Nil

Disinfection and Disinfestation.

Following upon the notification of infectious diseases terminal disinfection is carried out where necessary, although little of such work is being done in view of the low incidence of infectious disease within the area.

It was not necessary to carry out any disinfestation work during the year.

Ice Cream.

There is only one producer of ice cream in the area. His premises are constantly inspected, and samples of ice cream taken regularly.

In addition samples of various pre-packed proprietary brands of ice cream retailed throughout the area are taken, all of which have been satisfactory.

SANITARY INSPECTIONS OF THE AREA.

Summary of Inspections Made.

Workshops	..	..	..	..	..	..	65
Petrol Stores	..	..	..	..	..	..	58
Carbide Stores	..	..	..	..	..	..	3
Works in progress	..	..	..	..	..	..	297
New Buildings	..	..	..	..	..	..	264
General Inspections	..	..	..	..	..	..	583
Inspections re complaints received			..	..	..	..	72
Inspections under Housing Acts	..	..	..	..	..	..	264
Inspections of Schools	..	..	..	..	..	..	24
Slaughterhouses	..	..	..	..	..	..	276

Works Carried Out.

Premises cleansed	..	..	..	..	..	..	nil
Roofs repaired	..	..	..	..	..	..	36
New Spouting fixed	..	..	..	..	..	..	16
Air drains fixed	..	..	..	..	..	..	2
Floor relaid, etc.	..	..	..	..	..	..	34
Walls repaired	..	..	..	..	..	..	27
Scullery sinks trapped	..	..	..	..	..	..	14

Water closets constructed	..	..	..	..	..	57
Sewers and Drains extended	..	..	..	..	..	92
New Septic Tanks built	..	..	..	..	..	46
Water Supplies carried to houses	..	..	..	..	..	21
New Baths fixed	..	..	..	..	..	73
New Houses completed	..	..	..	..	..	22
Houses altered or repaired	..	..	..	..	..	57
New Windows fixed	..	..	..	..	..	63
New Ceilings put up or repaired	..	..	..	..	..	26
New Sinks fitted to houses	..	..	..	..	..	47
Obstructed Drains cleansed	..	..	..	..	..	29
Drains tested	..	..	..	..	..	117

Yours faithfully,

J. A. SEDGWICK,

Surveyor and Public Health Inspector.

I am indebted to Mr. E. A. Burne, Architect and Housing Officer, for the following report on housing matters:—

To the Medical Officer of Health.

Sir,

I submit the following short report on housing matters for the year 1958.

The Council during the year have in their housing programme completed 6 houses at Threlkeld. Tenders were invited and accepted for a further 3 houses at Threlkeld, making a total of 15 to be built on the Town Cross Site.

The total number of Council Houses now occupied in the Rural District up to the end of 1958 is shown in the following table:—

Newton Reigny ..	4	Pallet Hill	7
Ivegill	4	Catterlen	8
Dockray	2	Skirwith	8
Langwathby ..	18	Glassonby	4
Lazonby	23	Renwick	4
Blencarn	4	Aldby	2
Culgaith	22	Low Plains	4
Hunsonby	19	Armathwaite ..	8
Newbiggin	16	Mellguards	2
Stainton	22	Skelton	6
Low Hesket ..	12	Aikbank	4
Calthwaite ..	11	Melmerby	6
Edenhall	4	Threlkeld	30
Greystoke	22	Little Salkeld ..	16
Great Salkeld ..	4	Gamblesby	4
Howes	2	Kirkland	2
Ousby	6	Kirkoswald	28
Salkeld Dykes ..	4	Thiefside	4
Blencowe	4	Clickhem	4
Plumpton	15	Southwaite	2
Dacre	4	Hutton End	2
Penruddock ..	2	Lazonby	
Hutton End ..	2	(Eden Square)	7
Sowerby Row ..	2		—
Ainstable	8	Total	395
Low Braithwaite ..	2		—

Building under private enterprise made steady progress during the year. A total of 16 houses was completed up to the end of the year and 8 are under construction, bringing the total completed since the war to 116.

Housing (Financial Provisions) Act, 1958.

The modernisation of sub-standard houses and the conversion of other buildings into dwelling houses with the aid of Improvement Grants paid by the Council to owners and certain lease-holders continued to make good progress.

During the year a total of 34 applications were received in respect of 40 houses, including the conversion of other properties into two dwelling houses. One application was disapproved and three others subsequently cancelled.

Since the Act came into force a total of 188 applications involving improvements to 227 dwellings have been dealt with by the Council, 17 of which were either disapproved or cancelled, and at the end of the year 129 schemes had been satisfactorily completed, providing 160 Grade 1 houses.

In addition to the above, a number of enquiries have been received and properties inspected.

In the majority of these cases, however, it was found that the houses were so far below standard that the cost of renovation would be prohibitive and no further action was taken by the applicants. In the remainder, the owners did not consider it worth while to carry out all the improvements required to comply with the conditions laid down in the Act.

Yours faithfully,

E. A. BURNE,

Architect and Housing Officer.



